

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Diversified Medical Healthcare, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-4956746

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

6000A Pelham Road
Greenville, SC 29615

Number, Street, City, State & ZIP Code

Greenville

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Diversified Medical Healthcare, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Diversified Medical Healthcare, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds. Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	Diversified Medical Healthcare, Inc.	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Diversified Medical Healthcare, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 21, 2023**
MM / DD / YYYY

X /s/ Kevin Murdock

Signature of authorized representative of debtor

Kevin Murdock

Printed name

Title **Sole Owner**

18. Signature of attorney

X /s/ Robert H. Cooper

Signature of attorney for debtor

Date **March 21, 2023**

MM / DD / YYYY

Robert H. Cooper

Printed name

The Cooper Law Firm

Firm name

**150 Milestone Way, Ste B
Greenville, SC 29615**

Number, Street, City, State & ZIP Code

Contact phone **864-271-9911**

Email address **thecooperlawfirm@thecooperlawfirm.com**

05670 SC

Bar number and State

**United States Bankruptcy Court
District of South Carolina**

In re **Diversified Medical Healthcare, Inc.**

Debtor(s)

Case No.

Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Kevin Murdock**, declare under penalty of perjury that I am the **Sole Owner** of **Diversified Medical Healthcare, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 21st day of March, 2023.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Kevin Murdock, Sole Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Kevin Murdock, Sole Owner** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Kevin Murdock, Sole Owner** of this Corporation is authorized and directed to employ **Robert H. Cooper DCID #5670**, attorney and the law firm of **The Cooper Law Firm** to represent the corporation in such bankruptcy case."

Date **March 21, 2023**

Signed **/s/ Kevin Murdock**
Kevin Murdock

Resolution of Board of Directors
of
Diversified Medical Healthcare, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Kevin Murdock, Sole Owner** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Kevin Murdock, Sole Owner** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Kevin Murdock, Sole Owner** of this Corporation is authorized and directed to employ **Robert H. Cooper DCID #5670**, attorney and the law firm of **The Cooper Law Firm** to represent the corporation in such bankruptcy case.

Date **March 21, 2023**

Signed **/s/Kevin Murdock**
Kevin Murdock

Fill in this information to identify the case:

Debtor name **Diversified Medical Healthcare, Inc.**
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ACC Business PO Box 5077 Carol Stream, IL 60197						\$13,896.00
Acumen IT 3620 Pelham Road Greenville, SC 29615						\$125,503.00
Cision US Inc PO Box 417215 Boston, MA 02241						\$12,490.00
Diversified Property Ventures, LLC c/o Cushman & Wakefield PO Box 5160 Glen Allen, VA 23058						\$129,987.00
eGroup Holding Company LLC PO BOX 38 Mount Pleasant, SC 29465						\$53,342.00
Elliot Davis LLC PO BOX 6286 Greenville, SC 29606						\$47,500.00
Encore Technology Group LLC Department 720017 Charlotte, NC 28201						\$55,345.00
IPFS Corporation 24722 Network Place Chicago, IL 60673						\$63,176.00
Kevin Murdock 118 James Street Greenville, SC 29609						\$5,000,000.00

Debtor **Diversified Medical Healthcare, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Leukemia and Lymphoma Society PO BOX 22324 New York, NY 10087						\$35,000.00
Littler Mendelson PC PO BOX 207137 Dallas, TX 75320						\$19,288.00
MasterControl INC LB 1136 Seattle, WA 98124						\$40,776.00
MAU DEPT 40301 Birmingham, AL 35287						\$18,007.00
Oconnell and Aronowitz 54 State Street Albany, NY 12207						\$51,945.00
Pinckney Marketing 3801 East Independence Blvd Charlotte, NC 28205						\$65,500.00
Recruiting Solutions 1441 Main Street Columbia, SC 29201						\$50,758.00
Robert Half Technology 12400 Collections Center Drive Chicago, IL 60693						\$49,626.00
Shadowbox INC 1596 N Coast Hwy 101 Encinitas, CA 92024						\$10,000.00
Sprout Social INC DEPT CH 17275 Palatine, IL 60055						\$27,025.00
Staples Business Advantage PO Box 105748 Atlanta, GA 30348						\$19,564.00

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of South Carolina**

In re **Diversified Medical Healthcare, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	50,000.00
Prior to the filing of this statement I have received	\$	0.00
Balance Due	\$	50,000.00

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Debtor has paid \$0 in attorneys fees as a retainer. Fees will be charged and billed at \$295 per hour.**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 21, 2023

Date

/s/ Robert H. Cooper

Robert H. Cooper

Signature of Attorney

The Cooper Law Firm

150 Milestone Way, Ste B

Greenville, SC 29615

864-271-9911 Fax: 864-232-5236

thecooperlawfirm@thecooperlawfirm.com

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re Diversified Medical Healthcare, Inc.

Debtor(s)

Case No.

Chapter

11

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) _____ computer diskette
- (b) _____ scannable hard copy
(number of sheets submitted _____)
- (c) X electronic version filed via CM/ECF

Date: March 21, 2023

/s/ Kevin Murdock

Kevin Murdock/Sole Owner

Signer/Title

Date: March 21, 2023

/s/ Robert H. Cooper

Signature of Attorney

Robert H. Cooper

The Cooper Law Firm

150 Milestone Way, Ste B

Greenville, SC 29615

864-271-9911 Fax: 864-232-5236

Typed/Printed Name/Address/Telephone

05670 SC

District Court I.D. Number

A.G. ADJUSTMENTS, LTD.
740 WALT WHITMAN ROAD
MELVILLE NY 11747

A1 DOCTORS ASSOCIATION LLC
2005 PRINCE AVENUE
ATHENS GA 30606

ACC BUSINESS
PO BOX 5077
CAROL STREAM IL 60197

ACUMEN IT
3620 PELHAM ROAD
GREENVILLE SC 29615

BARNEY MCKENNA & OLMSTEAD
43 SOUTH 100 EAST
SAINT GEORGE UT 84770

BORIS YANKOVICH
415 OCEAN VIEW AVE FL 3
BROOKLYN NY 11235

C2CRESOURCES
1455 LINCOLN PKWY E STE 550
ATLANTA GA 30346

CAROLINA SHRED
1682 KATY LANE
FORT MILL SC 29708

CHANCE CAMPBELL
481 GARLINGTON ROAD SUITE A
GREENVILLE SC 29615

CISION US INC
PO BOX 417215
BOSTON MA 02241

CLOUDFUND, LLC
400 REKKA BLVD, STE 165-101
SUFFERN NY 10901

DIVERSIFIED PROPERTY VENTURES, LLC
C/O CUSHMAN & WAKEFIELD
PO BOX 5160
GLEN ALLEN VA 23058

EAN SERVICES LLC
PO BOX 840173
KANSAS CITY MO 64184

EGROUP HOLDING COMPANY LLC
PO BOX 38
MOUNT PLEASANT SC 29465

ELLIOT DAVIS LLC
PO BOX 6286
GREENVILLE SC 29606

EMPLOYMENT SCREENING SERVICES
DEPT K
BIRMINGHAM AL 35283

ENCORE TECHNOLOGY GROUP LLC
DEPARTMENT 720017
CHARLOTTE NC 28201

FERNANDO ECHEVERRIA
NICANOR PLAZA 2377 #201A
SANTIAGO

FIRST CAROLINA HOLDINGS, LLC
4113 E. NORTH STREET
GREENVILLE SC 29615

FONALITY-NETFORTIS
5340 LEGACY DR
PLANO TX 75024

FRANK VELOCCI
FAEGREDRINKER
1177 AVENUE OF THE AMERICAS, 41ST FLOOR
NEW YORK NY 10036

GLAST, PHILLIPS & MURRAY
14801 QUORUM DRIVE SUITE 500
DALLAS TX 75254

GREENBERG, GRANT & RICHARDS
5858 WESTHEIMER ROAD STE 500
HOUSTON TX 77057

GREENVILLE COUNTY TAX COLLECTOR
301 UNIVERSITY RIDGE
SUITE 700
GREENVILLE SC 29601

GREGORY CRAPANZANO
200 SOUTH 10TH STREET STE 1600
RICHMOND VA 23219

HAYNESWORTH SINKLER BOYD
1201 MAIN STREET 22ND FLOOR
COLUMBIA SC 29201

HOLDER, PADGETT, LITTLEJOHN & PRICKETT
800 E. NORTH STREET
GREENVILLE SC 29601

INCORPORATING SERVICES LTD
3500 S DUPONT HWY
DOVER DE 19901

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA PA 19101-7346

IPFS CORPORATION
24722 NETWORK PLACE
CHICAGO IL 60673

IRS MDP 39
1835 ASSEMBLY ST RM 469
COLUMBIA SC 29201

J.R. KREBS
2123 9TH STREET, SUITE 110
TUSCALOOSA AL 35401

JONATHAN SCHULZ
BRADLEY
214 N TRYON ST STE 3700
CHARLOTTE NC 28202

KELLY HART
201 MAIN STREET, SUITE 2500
FORT WORTH TX 76102

KEVIN MURDOCK
118 JAMES STREET
GREENVILLE SC 29609

LEGACY CAPITAL 26, LLC
290 HARBOR DRIVE
STAMFORD CT 06902

LEUKEMIA AND LYMPHOMA SOCIETY
PO BOX 22324
NEW YORK NY 10087

LITTLER
110 E COURT ST SUITE 201
GREENVILLE SC 29601

LITTLER MENDELSON PC
PO BOX 207137
DALLAS TX 75320

MASTERCONTROL INC
LB 1136
SEATTLE WA 98124

MAU
DEPT 40301
BIRMINGHAM AL 35287

MELTWATER NEWS US INC
DEPT LA 23721
PASADENA CA 91185

NELSON MULLINS RILEY ET AL
PO BOX 11009
COLUMBIA SC 29211

NFS LEASING
900 CUMMINGS CENTER STE 226U
BEVERLY MA 01915

OCONNELL AND ARONOWITZ
54 STATE STREET
ALBANY NY 12207

ONCEHUB INC
2093 PHILADELPHIA PIKE #5585
CLAYMONT DE 19703

PINCKNEY MARKETING
3801 EAST INDEPENDENCE BLVD
CHARLOTTE NC 28205

RADLA CAPITAL, LLC
161-10A UNION STREET 2ND FLOOR
FLUSHING NY 11366

RECRUITING SOLUTIONS
1441 MAIN STREET
COLUMBIA SC 29201

REGENCY FINANCE, LLC
111 PETTIGRU STREET
GREENVILLE SC 29601

REPUBLIC SERVICES #744
PO BOX 9001099
LOUISVILLE KY 40290

RICHARD T. AVIS & ASSOCIATES
5500 PEARL ST
ROSEMONT IL 60018

ROBERT HALF TECHNOLOGY
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

ROBINSON BRADSHAW
202 E. MAIN ST.
ROCK HILL SC 29730

ROE CASSIDY COATES, & PRICE , PA
PO BOX 10529
GREENVILLE SC 29603

SC DEPT OF REV. & TAX
PO BOX 12265
COLUMBIA SC 29211

SHADOWBOX INC
1596 N COAST HWY 101
ENCINITAS CA 92024

SHRED AMERICA
1682 KATY LANE
FORT MILL SC 29708

SPROUT SOCIAL INC
DEPT CH 17275
PALATINE IL 60055

STAPLES BUSINESS ADVANTAGE
PO BOX 105748
ATLANTA GA 30348

THE HENDRICKS FIRM LLC
101 NE MAIN ST,
EASLEY SC 29640

TRITON RECOVERY GROUP
19790 W. DIXIE HIGHWAY STE 301
AVENTURA FL 33180

TRUCOLOR
2107 LAURENS ROAD
GREENVILLE SC 29607

UPRISE HEALTH
2 PARK PLAZA SUITE 1200
IRVINE CA 92614

USI INSURANCE SERVICES
PO BOX 62819
VIRGINIA BEACH VA 23466

VIRGINIA DEPARTMENT OF TAXATION
PO BOX 1777
RICHMOND VA 23218

VISTA VIEW PRODUCTIONS
212 E BROAD ST APT 1112
GREENVILLE SC 29601

VOX FUNDING SPV1, LLC
14 E 44TH ST 4TH FLOOR
NEW YORK NY 10017

WOODARD & BUTLER
PO BOX 1906
WALTERBORO SC 29488

WORKSMART STAFFING
PO BOX 16253
GREENVILLE SC 29606

ZERION GROUP
PO BOX 940411
MAITLAND FL 32794